

JOBS CREATION COMMITTEE

Thursday, June 16, 2016

at 9:00 AM

Government Center South,
402 W. Washington St., Room W064
Indianapolis, IN 46204

I. CALL TO ORDER & ESTABLISHMENT OF QUORUM

Chair Frye called the Jobs Creation Committee to order at 9:05 a.m.

Chair Frye began by introducing the Committee's newest member, Lori Duncan. Lori lives in the Castleton area and was a Registered Nurse for 30 years.

After the introduction, Chair Frye established a quorum with 5 voting members present in pursuant of IC 25-1-16-7.

Members Present:

Deborah Frye (Chair) (voting)
Joseph Habig (voting)
Colonel Wilson (voting)
John Wright (voting)
Allen Pope (non-voting)
Barbara Quandt-Underwood (non-voting)
Lori Duncan (voting)

IPLA Staff Members Present:

Trent Fox
Kristin Schwartz
Aaron Bennett (OMB)

II. REVIEW & ADOPTION OF AGENDA & APRIL 21st MEETING MINUTES

Upon the establishment of a quorum, Chair Frye asked the Committee members to examine the minutes from April 21st. She asked if there were any questions or concerns. There were none. Chair Frye asked for a motion and John Wright offered the motion and Col. Wilson seconded. The committee unanimously passed the motion to adopt the minutes.

DISCUSSION AND VOTE re. ELECTRONIC MEETING POLICY

Chair Frye explained that in order for members to attend a meeting of the JCC remotely, the Committee needs to adopt an electronic meeting policy pursuant to IC 5-14-1.5-3.6. The members were each provided a copy of the policy.

Col. Wilson asked about the need for such a policy. Chair Frye explained that the policy would allow for more flexibility. Col. Wilson was of the opinion that having everyone at the meeting was a better policy. Chair Frye concurred, but suggested that there are instances where not all members could be present. Therefore, the policy would allow absent members the option to still participate.

After the Committee discussion concluded, Chair Frye asked for a motion. Col. Wilson offered the motion to adopt the Electronic Meeting Participation Policy for the Jobs Creation Committee and Joe Habig seconded the motion. The motion was unanimously adopted.

Chair Frye asked for a motion to adopt the agenda for the current meeting. Joe Habig offered the motion and John Wright seconded the motion. The motion was unanimously adopted.

III. COMMITTEE EVALUATION OF PHARMACY PROFESSION

Chair Frye stated that the Committee would now hear presentations regarding the Indiana Board of Pharmacy. She stated that this is necessary, pursuant to statute IC 25-1-16-14, which states: “The committee shall seek public input when considering any proposals or reports concerning the elimination of a license or change to a regulated occupation.” The minutes will reflect that members of the public were in attendance at this meeting, and their opinions regarding proposed changes have been heard. The following presentations will be heard: Board of Pharmacy, Attorney General’s Office, and then from stakeholders from the pharmacy profession.

Reports from Pharmacy Profession Stakeholders

Randy Hitchens, Pharmacy Alliance

Mr. Hitchens, Pharmacy Alliance, presented first. He stated that the pharmacy profession has been licensed since the 1850s. He believes the profession is currently running smoothly. There are no major complaints that he is aware of.

He did highlight one concern over the turnover rate in the directorship of the Board of Pharmacy. He further stated there have been 3 directors in the last 20 months. He also stated that there was no concern over fees.

He briefly highlighted the history of the Alliance. It was founded in 1882 and is currently comprised of 7,200 licensed pharmacists as well as 5000 certified pharmacy technicians. About 1,000 PharmD students are also part of the organization.

Report from Board of Pharmacy

Jodi Edens, Assistant Director for Board of Pharmacy, Donna Wall, Pharmacist at IU Health, 20-year member and current president of the Indiana Board of Pharmacy.

Ms. Edens began by explaining different license types. Pharmacist licenses are required for anyone who is a practicing pharmacist. There are 11,094 active licenses and 1,019 new pharmacist licenses that have been issued in the last 2 years. Pharmacy Controlled Substances Registration Permits (CSR) are required for all businesses that operate a pharmacy. They are approximately 1,402 active pharmacy CSRs.

Pharmacy Technician licenses are renewed biennially and there are currently 15,681 active licenses. In addition to the Pharmacy Technician license there is also the Pharmacy Technician in Training certification. This certification is granted for (1) year to allow the student to receive training as a tech. Home Medical Equipment (HME) licenses are required for any business supplying home medical equipment.

The Pharmacy Intern Permit is for anyone that is participating in a residency or internship. A Non-resident license is required for pharmacies that are not located in Indiana, but still sell pharmaceuticals to Indiana residents. There are currently 1,038 active Non-resident licenses. Additionally, the Wholesale Drug Distributor license is required for any individual, partnership, limited liability company, and corporation or business firm located outside Indiana. At the date of this report, there were 434 active Wholesale Drug Distributor Licenses.

Donna Wall interjected that the Board of Pharmacy is responsible for controlled substances from the time they leave the manufacturer to the time they are given to the patient. The Board is responsible to ensure that all medication is delivered, stored, and used correctly. HME businesses also fall into the Board's realm. She stated that the board exists to insure patient safety.

Ms. Edens proceeded to explain the various functions of licenses that they issue. The details can be found in the report provided to the JCC.

Ms. Wall stated that the role of the pharmacist is rapidly expanding, especially in the retail market. Pharmacists are playing more of an active role in health care matters. Having the pharmacist available minimizes the number of errors.

Ms. Edens continued reading the board's report regarding CSR's for non-practitioners. Specific guidelines regulate how controlled substances are stored and distributed.

Ms. Wall also explained how the role of the technician is rapidly expanding. She stated that there is a national discussion about increasing the educational requirement. Currently, Indiana has minimal requirements. There is a big push for standardization of requirements to become a pharmacy tech. A tech right now can do anything from billing to helping a pharmacist make IVs for drug delivery. She ended by saying that the profession will continue to expand. The Board is committed to following the trend and will make recommendations as needed.

Ms. Edens continued to provide definitions on HME providers, pharmacy interns, non-resident pharmacies, and wholesale drug distributors.

She highlighted the Impaired Pharmacist Account (IC 25-26-13-4.5) that allows dedicated funds to be used for the rehabilitation of impaired pharmacists. The funds for this account are collected through license renewal fees.

Ms. Wall further stressed how important the Pharmacists Recovery Network (PRN) is to the board. The program has allowed the board to help many pharmacists get back on track. She stated that there are many success stories. She also stated that the PRN program does not currently apply to technicians. The Board would like to explore the possibility of expanding the fund to apply to technicians.

Ms. Edens then explained the Controlled Substance Data Fund, which is the funding piece for the administration of the INSPECT program.

Col. Wilson asked what the INSPECT program was.

Ms. Wall explained that the INSPECT program started over 20 years ago. It was created as a law-enforcement tool. The program requires that anytime a controlled substance prescription is filled, it is logged into the database. The program is now web-based and has allowed pharmacists the tools necessary to review patient history in order avoid abuse of controlled substances.

Col. Wilson asked if the consumer is notified when they are entered into the INSPECT database.

Ms. Wall stated that the consumer is not notified. She added that law does not require notification. Col. Wilson added that one would not necessarily know that are being entered into this database unless they have some knowledge of it. Ms. Wall concurred with Col. Wilson's conclusion.

Ms. Eden continued to explain about the composition of the Board of Pharmacy. She stated that it is required to meet at least 8 times per year. The Board currently meets 12 times per year.

Ms. Wall added that the last meeting went until 10:30 p.m. She further stated that the Board has a full agenda every month.

Ms. Eden continued with the composition of the Board. The Board is comprised of seven (7) members, with not more than four (4) of who may be from the same political party. Each member is appointed by the Governor for terms of four (4) years. One (1) member of the Board must represent the general public. Four (4) members of the Board constitute a quorum.

The primary functions are to review credentials of license applicants, administer licenses to qualified individuals and facilities, promulgate rules, investigate violations and implement administrative disciplinary actions against licensees and facilities that are not practicing according to the Board's statutes and rules. The Board of Pharmacy operates with one (1) board director (vacant), one (1) assistant director, five (5) customer service representatives, and one (1) litigation specialist (vacant).

Col. Wilson asked why there was a need to charge individuals when a relocation of a pharmacy or HME happens. Ms. Wall explained that when such a relocation happens, the Board has to send a compliance officer to the location to ensure the proper protocols are in place. The fee is to cover the cost of the inspection.

Mr. Habig asked how many compliance officers there were. Ms. Eden responded that there are 5 compliance officers and one director who oversee the officers.

Mr. Habig asked about CSRs and how the board is involved from a regulatory perspective. He especially wanted to know how the board is involved with physicians or non-pharmacy practitioners when it comes to CSRs.

Ms. Wall stated that the DEA is responsible for pulling the DEA license. Once the DEA has been pulled the CSR is invalid. To get the DEA license back they look to the Pharmacy Board to have their CSR reinstated first once all issues have been worked out. The DEA can then reinstate the DEA license. The DEA lets the states decide who can have controlled substances. The Board can say no, or put people on probation. The Board has full flexibility to deal with the registration when it comes back.

Mr. Habig asked if someone is prescribing non-controlled substance why the Board does not deal with it. Why is it under Pharmacy not Medical?

Ms. Wall stated that in general, the Board deals with the storage of controlled substances. Historically, it's been easier to keep it under one Board. They had it spread out, then they changed it back. The Medical and Nursing boards were dealing with it until about the last two years. It was reevaluated and was brought back to the Pharmacy Board.

Col. Wilson asked if the Board gets involved if a physician or another practitioner is overprescribing.

Ms. Wall stated that their involvement occurs mostly when the CSR needs to be reinstated. Professions outside of the pharmacy realm really do not know much about controlled substance law. It has not been an educational requirement. They do not know what is required by federal and state law.

Mr. Habig asked if there were any testing requirements.

Ms. Wall stated that only pharmacists have to take a law exam, but no other profession that handles controlled substances has to.

Col. Wilson asked if this was a weakness.

Ms. Wall responded that personally she thinks it is a weakness.

Col. Wilson followed up and asked if individuals should be required to take a test to get a CSR.

Ms. Wall stated that she thinks that would be a good idea.

Col. Wilson asked if such a test would require a legislative change.

Ms. Wall informed Col. Wilson that the AG's office has proposed such a test, but the proposed bill has been killed by prescribers who think it would be too burdensome.

Chair Frye stated she is aware of discussions that the ISMA has been having with teaching programs for medical students to see what could be added into the curriculum. She said that she is not sure where the discussions are, but it is in discussion.

Ms. Duncan asked how long a pharmacy technician program runs for.

Ms. Wall answered that there is no typical length. She explained that there are weak laws. The only requirement is to pay \$25 for the license. Unless a younger student is in an appropriate high school program, the individual has to be 18 or older and cannot have a criminal background. Each individual pharmacy sets the educational guidelines. There is a national forum in February that will be held in order to establish a consensus for requirements, but there are none currently.

Col. Wilson asked if there is an educational program for techs.

Ms. Wall stated that there can be, but currently the law does not require it.

Col. Wilson asked what responsibilities pharmacy techs have.

Ms. Wall responded that techs have a range of duties that they perform: anything from paperwork to dealing with insurance. The pharmacy profession is pushing to expand the duties of the tech because they are cheaper to hire than pharmacists.

Col. Wilson asked if pharmacy technicians are required to have continuing education (CE). Ms. Wall said there is no CE requirement.

Col. Wilson asked why there is a license that if there is no standardized training and no required CE.

Ms. Wall stated that there is a licensing requirement because so many techs steal drugs. The license allows the Board to keep track of those that steal and revoke their licenses instead of losing track of them, as many would otherwise simply move to different pharmacies.

Chair Frye asked Ms. Wall to speak on the pharmacist to tech ratio.

Ms. Wall stated that a 1:6 ratio was proposed by Legislature. The Board's main goal is to ensure that pharmacies utilize tech services in a safe manner.

Col. Wilson asked if the pharmacist has to be in the facility.

Ms. Wall stated that the Board has been asked to approve pharmacies with just technicians. Little towns in rural areas that cannot have a pharmacist on staff are especially in need. North Dakota has pharmacies like these.

Col. Wilson asked if a 24-hr pharmacy without a pharmacist on the premises was possible.

Ms. Wall stated that there is currently a lot of discussion about telepharmacy. The pharmacist would be off-site and would review scans and check for problems. The tech would label, scan the bottle, and fill it. The consumer would then have a chance to talk with the actual pharmacist via video conference.

Randy Hitchens added that Indiana is a little weak in the area of education, regulations, and training. There is likely to be some federal requirements to address this in all the states. It will probably occur in 2020 with federal regulations.

Mr. Habig asked what is included in the HME license. Would it include wheelchairs and walkers?

Ms. Wall replied the HME can include hospital beds and CPAP machines - anything that needs to be fitted for that patient.

Mr. Habig asked who gets the license. Ms. Wall responded that the provider who owns the business does.

Col. Wilson asked what the reason for requiring the license is. If the individual who is actually fitting the device or fixing it isn't licensed and only the proprietor, what is the point of the license?

Ms. Wall explained that the person with the license is responsible for the training the other employees to make sure the patient will not be injured by using the medical equipment incorrectly.

Col. Wilson responded that as a consumer, he already has access to the AG and civil courts if the medical equipment causes bodily harm. How does licensing the business help?

Ms. Wall stated that the Board has the ability to pull the license.

Mr. Habig asked if a pharmacy that also provides home medical equipment has to have both licenses. Ms. Wall stated that she did not think that was the case.

Ms. Underwood asked what sophisticated medical equipment would need a licensure. Ms. Wall responded that such equipment as ventilators and hospital beds are examples. Randy Hitchens also added that home glucose monitors use to fall into this category.

Ms. Underwood added that a level of expertise should be required so patients are not endangered.

Ms. Duncan added that Hoyer Lift, if used incorrectly, could cause serious bodily harm.

Ms. Wall added that the licensure allows the Board to take action. She said that medical equipment is becoming more complex and as a consequence patients need to know how to properly operate it. For example, CPAP machines, if used incorrectly, could cause harm.

Ms. Underwood agreed and said that patients are relying on the employer to train the employees appropriately.

Ms. Wall added that these companies get a lot of Medicare money, so if a facility is not operating correctly, it could lead to federal lawsuits.

Ms. Wall noted that the Pharmacy Board has the appropriate number of members and that the Board works very hard to make sure every side has input into how the pharmacy profession is handled. She expressed frustration in the high turnover rate with the directorships. The position requires the director to have expansive knowledge in federal law, state law, controlled substance law, and even business law. The position really needs someone with a law degree. Chair Frey noted that the current job description does require a law degree.

Ms. Underwood asked why it is so difficult to keep someone.

Ms. Wall explained that the state looks at the director more as an administrator. The director receives complex and often specific questions that require a significant amount of expertise. The first 6-9 months the new director is just trying to grasp the complexity of the job.

Ms. Underwood asked if compensation was related to the lack of retention.

Ms. Wall stated that she did not know the current salary, but she said several years ago the national database would not include Indiana's board director salary because it would bring down the average so much.

**Report from the Indiana Attorney General's Office re. Board of Pharmacy
Allen Pope – Deputy Attorney General**

Mr. Pope began by explaining the charts that were handed out to the Committee. The first chart shows the number of complaints to the office. The AG's office cannot unilaterally begin their own investigation because they are statutorily prohibited.

He stated that more than half of the complaints actually come from IPLA. Any practitioner, patient or member of the public can file a claim with the office. The second chart shows the results of the various investigations. Some of the actions in the final column resulted in litigation, which initiated formal action with the Board.

The pie chart at the bottom shows what the results have been concerning litigations. The time period covered by the results is 2008-2015. The complaints received are broken down by year. The other two charts show the combined numbers for the 8 years.

Pharmacy has the most types of professional licenses. He highlighted that pharmacies, facilities, and personnel are all separated. CSR data also not included because the CSR litigation is connected to other licensing actions.

The DEA may conduct an investigation and they may, through their process, revoke a practitioner's registration. If DEA does revoke it, the CSR is automatically revoked.

The primary reason that pharmacies are separated from personnel is because there was a large jump in 2013 in pharmacy complaints. The jump in complaints was a direct result of some contamination that occurred in one of compounding pharmacies. The repercussions from this incident are still occurring.

The compounding activity is when a pharmacy takes two approved drugs and combines them together to create something that a doctor has prescribed. This has over time become an independent type of business. What happened in this case was that there was contamination and people died as a result. IPLA sent out requests to determine how many pharmacies in Indiana might have been affected. So far there have not been many complaints, but a lot of work has been done by IPLA. The whole situation is still under substantial scrutiny.

Ms. Wall explained that in 2013 there was an explosion at the New England Compounding Center. Compounding is where the original pharmacy started and then it moved into manufacturing. The compounding center had problems with injectable steroids, which were being injected into spines to reduce swelling. In total, 178 patients died. Many individuals are still having issues because sterility was not up to par. As a result, consumers that had the drug injected had fungi in their spinal cords. IPLA sent out a survey to everyone and complaints were filed.

Mr. Pope continued and explained that an extra 350 complaints were filed because of this incident. They leveled off at about 150 complaints per year.

Col. Wilson pointed out that the numbers seem high for the number of complaints. Are there more complaints in the pharmacy area than with others?

Mr. Pope stated the he could not compare the exact percentages in all the other professions with pharmacy, but he did say it did not seem that pharmacy receives more than some of the larger professions. He cited that the AG's office is very busy with nurses. There are several boards that receive no complaints—dietitians have never received one.

Chair Frye thanked Mr. Pope for the presentation and then opened the floor up for additional testimony. There was none.

COMMITTEE DISCUSSION

Mr. Habig expressed a concern with HME. His concern was about the need to license HME suppliers/providers. He said he understands the need for more sophisticated equipment, but if it is just wheelchairs, why license them? He stated that his concern was alleviated by the prescription aspect of Home Medical Equipment.

Mr. Habig was also concerned about CSRs. Without separate testing or education requirements, he was not sold on the need for a separate license for CSRs. If these can be addressed from the Medical Board or the Nursing Board, why do they need a separate registration from the Board of Pharmacy?

Mr. Wright asked if there was appropriate location for the CSR.

Chair Frye stated that a practicing physician needs a CSR to prescribe drugs. It is tied to their authorization from the DEA. There is an additional classification for a CSR for the facility only, because they have the ability to receive drugs. It confuses some because it's the same term. Both of them are tied to the DEA. In order to have a DEA number, the state has to approve that through a CSR.

Col. Wilson stated his concern over the pharmacy technicians' lack of standardization. If the job is serious enough to have a license, it needs to have formal training associated with it. Maybe we should get rid of the licenses or put some meat to it. If there's no value to the consumer or the pharmacy, either get rid of them or make them more valuable.

Mr. Wright clarified it's to help track technicians in case they steal controlled substances.

Mr. Pope explained that there is one other model that serves the same purpose as the pharmacy technician license. ISDH requires all Certified Nursing Assistants to be registered. It was created for the purpose of identifying negligent CNAs. They can be flagged on the registry so other nursing homes do not hire the same CNA.

Col. Wilson stated that the Committee might want to make a recommendation to the Legislature on the topic of pharmacy technicians.

Ms. Wall explained that there is a national certification exam. A few states already require it. Currently, individuals can become a tech just by passing the exam. They came out last year and said that starting in 2020, they will only test people if they have gone through an accredited training program. Some in the pharmacy profession do not want this to happen. She stated that the Board approves of the training program, but only on the curriculum.

Ms. Underwood stated that she could understand the varying levels of training that the techs receive. She understands that if some are being compensated at the minimum wage level, that more training would increase wages of the techs and thus pharmacies would not be able to hire as many techs as they might need.

Col. Wilson stated that making an investment in an individual means they might stay around longer, which means you do not have to take the time to train a new person. It takes a year to turn a private into a soldier. It takes a while to have a full-performing employee. There's a cost associated with continually having to train people.

Randy Hitchens mentioned that health systems and hospitals are talking about technicians being a concern. They do a lot more training than you would see in retail. The testing in 2020 is soon going to be the standard. There are states around Indiana that are more sophisticated in how they manage techs.

Chair Frye asked the committee if they would entertain a recommendation with regard to pharmacy technicians from the discussion.

Col. Wilson expressed that he was thinking about how he wanted to frame it. He asked if the JCC could table it for now. He stated that maybe after lunch the JCC could decide on some sort of action.

Chair Frye asked Mr. Habig if he wanted to finish his question on the CSR.

Mr. Habig stated that he would have to do more research. He added that a few years ago CSRs were more under the Medical Board or Dental Board.

Mr. Pope stated that there was a time that the Pharmacy Board appointed the Medical Board as an ALJ to hear the cases on behalf of the Pharmacy Board.

Chair Frye stated that there is statutory language that specifically gives that responsibility to the Board of Pharmacy. This is the reason why things have shifted in the last 2 years back to the Board to be the final review with CSRs.

Mr. Habig mentioned that he didn't have an official recommendation, he just wanted to discuss it.

Ms. Wall stated the Board always looks to see what guidance has been given from the original licensing board when dealing with a CSR. The Board is not going out there to change the practice of medicine or dentistry. The Board looks at CSR laws and make sure they are providing the safety that they were intended to provide.

Mr. Habig asked if there are examples of physicians who have lost their CSRs, but are still practicing.

Ms. Wall explained that you don't have to have a CSR to practice, it is for prescribing controlled substances. The DEA can go into a facility and take away the CSR.

Chair Frye opened up the floor to any other discussion. Seeing none, Chair Frye suggested that the JCC recess for lunch before moving on to the rest of the agenda. The Committee members agreed to break. The JCC went into recess at 11:00 am.

IV. BREAK FOR LUNCH

Chair Frye reconvened the committee at 12:32 pm.

Chair Frye mentioned the worksheet with the professions listed on the top of the page. This is for the JCC's work product only, not an official document. It is meant as a deliberative and note taking tool.

V. COMMITTEE DISCUSSION & PRELIMINARY RECOMMENDATIONS OF PROFESSIONS PURSUANT TO IC 25-1-16-8

Pursuant to IC 25-1-16-8, the Committee discussed preliminary recommendations for each of the professions that have been heard from in the past year. Final votes on any changes will be taken during the July meeting. This meeting is an opportunity for the Committee to consider any recommendations before making them formally. However, a vote to make no changes is a final vote. Any profession the

JCC choose not to change today will not be discussed in future meetings. Chair Frye reminded the JCC that all recommendations are strictly suggestions to the General Assembly for consideration and do not have any statutory authority.

Chair Frye stated that PLA staff have gone through the past meeting minutes and have complied recommendations. That document has been handed out and was previously emailed to Committee members.

In August of 2015, recommendations were made by the Committee. The first two items, however, were not acted on that the Committee should be made aware of. The third item listed is an additional question for the Committee.

Health Facility Administrators

Recommendation: It was suggested to the committee that applicants should be given the ability to complete the jurisprudence exam electronically; currently, it is only available as a written exam.

Col. Wilson expressed that he could not recall whether not the PLA had taken a position on this. Does the agency support this since you currently proctor it?

Chair Frye explained that the PLA has not taken a formal position. PLA would have to examine the cost to proctor it electronically. The PLA currently cannot assign a cost.

Joe Habig asked if the PLA received feedback or concerns from those seeking to be HFAs. Have HFAs expressed an interest in an electronic exam?

Chair Frye explained that it is more of a convenience factor. Currently, they are proctored at the PLA on a monthly basis. There is an expense of travel for some. The basic concept is to provide a convenience to applicants. There obviously would have to be security measures put in place.

Col. Wilson expressed that he does not have any objections to exploring it. His philosophy is to make regulation the least burdensome possible. The Board has not taken it up for action and the agency does not have an opinion on it, so it should be examined for possible simplification. The JCC does not know how or what the cost would be. He wonders if the exam is even needed. He asked if there was a federal guideline that requires it.

Chair Frye stated that the authority and purpose of the exam can be found in state statute and rules for the profession. Without the exam, applicants will not demonstrate that they have a grasp of Indiana law that their profession requires.

Col. Wilson offered if the JCC could phrase a recommendation to the Legislature that would allow the PLA to explore the possibility of making the exam accessible through electronic means.

Mr. Habig asked if this requires action by the Legislature.

Chair Frye said no, it wouldn't necessarily require action by the Legislature. PLA could make that decision as an agency.

Ms. Underwood asked how many times this exam is taken.

Chair Frye stated that it is taken only once.

Col. Wilson stated that if the PLA can do it by agency rule, then the JCC does not have to put it in the report because it does not have to be a recommendation to the Legislature.

Chair Frye stated that the PLA could accomplish this unless it was tied to funding. If this is the case, then the Legislature would have to take action.

Mr. Habig agreed with Col. Wilson and stated that he would want to know how much it was going to cost.

Col. Wilson stated that if the Committee wanted to keep the discussion moving, he could frame the motions as studying the cost, viability and security of an electronic test. The Legislature could get involved if funding was required.

Col. Wilson moved that the Committee recommend that the PLA research the cost, viability and security of an electronic solution to the testing requirement. This motion is subject to an appropriation from the Legislature if needed.

Mr. Habig expressed his concern that he does not think the Committee even needs to make a recommendation. If this is an objective of the agency, then it does not need JCC involvement.

Col. Wilson stated that the PLA would still need the consent of the Legislature for the funding piece though.

Chair Frye stated that it would all depend on the cost.

Col. Wilson stated that the JCC could take no action, or make a recommendation later if the PLA would require funding.

Chair Frye asked the Committee if they saw a benefit in pursuing the recommendation as proposed by Col. Wilson.

Ms. Underwood stated that she did. She said that if she were from Evansville, she would have to drive to Indy at a specific time to take a test, which would be inconvenient. She stated that the JCC needs to streamline the process.

Col. Wilson expressed that this is why the JCC needs a working capital fund. He was not sure that the JCC is at the point where they have enough information to make a recommendation to the Legislature. He amended his motion that the PLA explore without the funding piece.

Mr. Habig expressed his concern that this is something that the PLA should explore. He does not know if it makes sense to direct the agency to do something when the report is directed to the Legislature.

Chair Frye offered that the PLA could explore between this meeting and the next one to see what process could be put in place.

Col. Wilson withdrew his motion for further research.

Recommendation: Dual agency licensure (IPLA & ISDH) – the possibility exists for one or the other to oversee both licenses; is there any interest of the Committee to discuss this?

Col. Wilson stated that it seems to be a bit of overkill to have two. He is all for consolidating. He thinks the place for this is in ISDH. He recommended that the Legislature look at consolidating into one agency.

Chair Frye stated that currently the ISDH has the building and the PLA provides the staff.

Mr. Pope stated that one thing that cannot be gotten rid of is the Board because of the authority that it has. It cannot just be turned over to ISDH without the existence of a Board. Individuals are required to have a license and it has to be overseen by the Board according to federal regulations.

Col. Wilson asked if the board could be transferred to ISDH, or could the license from ISDH be transferred to PLA.

Mr. Pope stated the he was not sure it could be done like the Col. proposed. There are very tight federal regulations on this profession. The Board is made up of mostly non-HFAs.

Mr. Habig asked if ISDH had any input on this.

Mr. Pope stated that he did not remember the health department being at a previous meeting.

Mr. Habig stated that he wanted to hear ISDH's input on this.

Chair Frye stated the she did not think it was addressed in a previous meeting.

Ms. Underwood said she would want to hear from them.

Shelley Rauch, Chair of HFA Board, stated that the HFA Board has historically felt that the PLA was the appropriate place to hold licensure versus the ISDH, because they license the buildings and it's a conflict.

Col. Wilson asked why it is a conflict.

Ms. Rauch state that when ISDH regulates the building, they often have to abstain from votes for the HFA licenses.

Liz Carroll, Indiana Assisted Living Association, stated that the Health Department refers administrators to the HFA Board for potential licensure actions. If the HFA Board was at the Health Department, they would be investigating and handing down disciplinary action unilaterally.

Col. Wilson asked how this was different from the Medical Board. They license doctors and investigate facilities. He expressed that he does not see an inherent conflict of interest for ISDH conducting an investigation and taking disciplinary action on licenses.

Mr. Pope explained that the conflict of interest was something to be concerned about. The Pharmacy Board has their inspectors issue complaints and investigate. There is not a legal prohibition against this. He stated that it would be nice if it had not been set up this way.

Mr. Habig stated that he views the missions as different. The ISDH focuses on public health. The PLA has the responsibility of licensing individuals in regulated professions.

Col. Wilson stated that it would make more sense to have health with health, but he did not have a passion for either ISDH or PLA. He thinks it should all be in one place rather than being bifurcated. He stated that if this licensure is needed, he would recommend that it to be done in the least burdensome way. PLA certainly has expertise in this area and is staffed to be able to deal with multiple licensures at the same time.

Chair Frye asked if the JCC would consider making a recommendation to tell the Legislature to evaluate this.

Col. Wilson asked if the JCC should recommend a study committee.

Chair Frye asked if Col. Wilson's recommendation was the will of the Committee.

Col. Wilson stated that the JCC has not heard any testimony from the ISDH.

Ms. Rauch stated that the cost of licensure is per-bed and depends on the size of the facility. The administrator is charged \$100 to apply or renew. If the administrator wishes to become a preceptor, that is an additional cost.

Mr. Pope stated that licensing a person and a facility are two very different animals. He suggested that this is similar to what the Pharmacy Board does. He stated that the difference is the amount of staff that the ISDH facility license would require.

Col. Wilson asked if the JCC would entertain a recommendation to the Legislature to consolidate the licenses. The staff that supports the license could move to ISDH.

Mr. Pope recommended that further study is appropriate for this consideration.

Chair Frye asked the JCC if any member wanted to offer a motion to act on this issue.

The will of the Committee was not to entertain a motion.

Recommendation: HFA/RCA Preceptor and Preceptor Eligible licenses: Are these three (3) necessary or is there a less burdensome way to accomplish accountability?

Mr. Habig asked if the preceptor license is just a training license. He followed up by asking if any other professions have licenses in order to train others.

Ms. Rauch proceeded to address the Committee on preceptor and preceptor eligibility. After 2 years of work, qualified individuals can go through a 1 day course to be qualified to be a preceptor. Administrators in training work under the preceptors for a 6-month internship. Additionally, in order for an administrator to be eligible to become a preceptor they have to be an active administrator for 2 years prior.

Chair Frye answered Mr. Habig's question by stating that she thinks that there are 1 or 2 licenses in this category.

Ms. Rauch stated that any administrator currently working in their current capacity for at least 2 years would be eligible as long as they take the one day course. At the end of 5 years, a preceptor is required to retake the course.

Col. Wilson stated the half-life of knowledge in society is about 16 months. He expressed that it should be regulated right or it should be taken away. He suggested that the preceptor license requirement be taken away. He feels passionately about streamlining the process.

Ms. Rauch said that if the preceptor license requirement is removed, it might result in unqualified administrators training others. In the past, the HFA Board has been charged to look at preceptors to make sure they are qualified.

Col. Wilson suggested that the Board could continue to do that without the physical licensure. He further suggested that a set of standards or curriculum could be established instead of a license. The Board could still control who becomes a preceptor.

Jennifer Gappa, HFA Board Member, warned against eliminating the licensure requirement. She predicted the number of applicants would increase because there would no longer be a license requirement. She stressed the need to have the licensure to protect the quality of the applicants.

Col. Wilson asked if the cost of the license serves as a deterrent.

Ms. Gappa replied it did not.

Col. Wilson then asked why the elimination of the license would significantly increase the number of applicants.

Ms. Gappa replied it was because the requirements have been taken away.

Col. Wilson asked if individuals wishing to be a preceptor could just be certified instead of being licensed.

Ms. Rauch stated that she thought state statute requires a preceptor to be licensed.

Col. Wilson expressed his desire to make a recommendation to the Legislature. He stated that he was not convinced that there was a need for more than one license.

Chair Frye asked if the AIT (Administrator in Training) license included the name of the preceptor. If so, the HFA Board would have the ability to check on the training and qualifications of the preceptor.

Ms. Rauch stated that PLA has a process to look at the preceptor to make sure they are qualified.

Col. Wilson stated that even if the preceptor license was eliminated, the Board would still have the ability to require training.

Chair Frye expressed that if the AIT application had the name of the administrator on it, it would still allow an opportunity to check on the qualifications of the preceptor.

Ms. Rauch stated if the preceptor license was eliminated, then anyone could say they want to be a preceptor. Currently the Board sees circumstances where people try to circumvent the requirements already. The concern historically has been that without the license, more abuse of the system will take place.

Chair Frye stressed that none of the requirements or oversight would be eliminated. The Board would still be involved in the process and still have oversight. Administrators would still have to be licensed, which would allow the Board the ability to track under the license of the administrator.

Ms. Rauch stated that it all would depend on how the statute would change—the ability to discipline could go away.

Chair Frye stated that there would not be any change in ability to discipline because the administrator still has to fulfill their professional obligation. Administrators still have to be held to certain standard whether they are a preceptor or not.

Ms. Rauch stated that all tracking and disciplinary action is tied to the preceptor license. She was not sure if the same actions could be tied directly to the HFA license.

Mr. Pope stated that if an administrator has a license, then any action would be able to be tied to the HFA license.

Ms. Rauch stated that she is not sure preceptor actions can be tied to standards of practice.

Mr. Habig asked what the advantage is for the HFA to do the training.

Ms. Rauch stated that it is a lot of work to take on an administrator in training. Administrators view it as giving back to the industry. A lot of work has been done with training facilities and educational facilities to create a preceptor program that will allow AITs to spend time in multiple buildings and not just under one preceptor.

Mr. Habig asked why there would be a huge demand to be preceptors if we remove the license.

Ms. Rauch stated that it is hard to pinpoint without the new rules.

Col. Wilson stated that proposal to eliminate the preceptor license would streamline the process. He said he is confused on whether there is a mad rush to be preceptors, or no one wants to be a preceptor. He said that the Committee is encouraging qualified people to give back to the industry. If a candidate is qualified by standards that the HFA Board has set, there is no reason why the preceptor license cannot be eliminated.

Chair Frye stated that there would still be oversight for the administrators who serve as preceptors. The Board will still set qualifications for preceptor eligibility.

Ms. Duncan asked how long the preceptor training was for an administrator.

Ms. Rauch stated that it takes approximately 8 hours to become a preceptor. The administrator license renews every 2 years, and the preceptor license is good for 2 years. The preceptor course still has to be taken every 5 years.

Ms. Duncan asked if the license could be converted into a certification.

Ms. Rauch stated that she could not speak for the whole Board, but as long as the process did not change dramatically it could work. She feels that the process they have now is not broken.

Col. Wilson proposed to take away the preceptor license.

Mr. Fox, IPLA, stated that there are three licenses that deal with this: HFA, RCA, and preceptor eligibility.

Col. Wilson proposed to eliminate the preceptor licenses. Recommended that the AIT licensing process be used to determine who is eligible to train.

Mr. Fox stated that the process is already in place now.

Col. Wilson stated that the AIT could request to be trained by a certain administrator with the Board's approval.

Mr. Fox asked if the AIT is to name a mentor every time.

Mr. Habig asked how this is different from the current process.

Col. Wilson expressed that motion is directed only toward preceptor licenses. He stated that his motion is seeking to change the process so that it is application-based rather than having the administrator apply for a preceptor license.

Mr. Habig seconded Col. Wilson's motion.

Chair Frye asked if there was any further discussion on the topic. She stated that the JCC was voting to recommend the elimination of three license types.

Mr. Habig asked which licenses they were voting on.

Chair Frye explained that the JCC was voting on the HFA preceptor, RCA preceptor, and Preceptor Eligibility.

The JCC voted 4-1 to recommend proposed changes.

Chair Frye voted yes.

Joe Habig voted yes.

Col. Wilson voted yes.

Lori Duncan voted yes.

John Wright voted no.

Col: Wilson stated that he is inclined to consolidate the HFA and RCA into one license. He said it could be similar to CPA licenses. His potential motion would be to consolidate two administrative licenses into one.

Ms. Rauch stated that they used to be the same license. A HFA operates in a building with Medicare and Medicaid patients. The administrator also has to have an extensive knowledge of federal and state regulations. A RCA can only operate an assisted living facility or a facility with residential beds. They only operate within state regulations. Many individuals that are licensed on the RCA level overtime will get their HFA license. It has helped to get more individuals into the system. The assisted living model is more customer service oriented. A RCA requires less knowledge than a HFA license.

Mr. Habig asked if individuals have both licenses.

Ms. Rauch stated that if you have the HFA you can do both HFA and RCA duties.

Col. Wilson asked why not train everyone to the same standard.

Liz Carroll, Indiana Assisted Living Association, stated that residential care is different. HFAs are dealing with complex federal and state regulations. She said that RCAs are not less professional or less capable, but they operate in a different space.

Mr. Habig asked if there are different exams.

Ms. Rauch stated that HFAs have to take a National Association of Long Term Care Administrator Boards (NAB) exam over federal rules and one for state rules. RCAs just take an exam on state rules.

Col. Wilson prefaced his statement that he was not trying to belittle, but basically RCAs are more like a social director or a concierge. Why do they have to have a license?

Ms. Carroll stated that a licensed RCA facility still provides care for frail and vulnerable adults. Those that live there will be in an apartment type unit. RCAs are well beyond what one would do as a hotel or apartment manager.

Col. Wilson suggested that if medication is being dispensed it might be a good idea to have all facilities licensed to the HFA level.

Ms. Carroll stated that all healthcare facilities have to have a license from the health department.

Ms. Rauch stated that any licensed facility in Indiana is required to have a licensed administrator. The RCA license provided two choices instead of one. The board still wants to have accountability over anyone running a building.

Mr. Habig stated his support of keeping it as it is.

Col. Wilson withdrew his motion.

Mr. Pope expressed a concern the deregulating this profession might actually do more harm than good. Those that are licensed at the RCA level will no longer be able to operate a healthcare facility.

Col. Wilson responded by saying that it would be better to have one license and certify within the one. He further stated that requiring so many different licenses can be restrictive.

Mr. Pope commented that the more licenses there are, the easier it is for people to begin in the profession.

The JCC took a 5 minute break.

Real Estate Commission

Remove Professional Corporation/Managing Broker Company Requirement

Recommendation: Is it necessary to require this in addition to the requirement of registering with the Secretary of State (SOS)?

Col. Wilson commented that this decision was a no-brainer.

Ms. Underwood asked if there had been any discussion from the real estate stakeholders.

Col. Wilson stated that he was philosophically opposed to having them register twice.

Chair Frye stated that PLA verifies with SOS to ensure the licensure is still active.

Col. Wilson made a motion to eliminate all three: Professional Corporation, Real Estate Broker, and Real Estate Broker Company.

The motion was seconded by Joe Habig.

Ms. Underwood asked if this had ever been discussed with the realtors association. She stated that she would like to know what their thoughts are on this.

Mr. Wright stated that he thinks it was a question that had been asked in the past.

Chair Frye stated that they would still have to register with SOS's office.

Mr. Habig asked if disciplinary action could still be taken through an individual's license.

Chair Frye stated that yes, action could be taken through each individual license.

Chair Frye stated that so far the motion has been seconded. Seeing no further discussion, the motion was ready to be voted on.

The motion carried by a unanimous vote.

Real Estate Appraiser Licensure & Certification Board

Recommendation: Removal of Trainee License

Chair Frye asked whether it is necessary, or is there a less burdensome solution? She noted that it is the Appraisal Institute's belief that the trainee exam was created as a means to "weed out" people who would likely not be able to pass the final licensing exam.

Mr. Habig asked if plumbers have an apprentice license.

Mr. Fox responded that plumbers are the only ones that have a license for apprentices.

Mr. Habig stated that he does not see the need to license someone just to be a trainee, especially when it costs \$110 to renew.

Ms. Underwood stated that this is really a barrier.

Mr. Pope explained that there is a problem when schools admit individuals that do not have the education or resources to succeed. This is often caused by schools not having admission standards. Schools are regulated to prevent this sort of thing from happening, especially with all the loan money that is available.

Col. Wilson suggested that maybe the appraiser board should license the school and not the trainee. The trainee has no experience, but they have to pass the exam and be under a licensed appraiser. In the end it is the trainee that is spending the time and the money just to see if they can even do the job.

Mr. Habig mentioned that only 2 states require the exam to obtain the trainee license, Indiana and North Carolina.

Col. Wilson recommended the JCC make a motion to the Legislature to remove the trainee license.

Mr. Pope mentioned that as it stands now, trainees are allowed to prepare appraisals under the oversight of the appraiser. Mr. Pope asked if the JCC still wanted to allow that to occur.

Col. Wilson stated that he had no problem having the trainees prepare such reports. He further stated that the board will still have oversight. It is the responsibility of the actual appraiser to make sure this happens correctly.

Mr. Pope sought to clarify Col. Wilson's statement by asking if a licensed appraiser could hire unlicensed staff to do this work under the appraiser's license.

Col. Wilson stated that the JCC is just making recommendations to the Legislature. He suggested that the JCC make the recommendation and leave it up to the Legislature to work on the process.

Mr. Wright seconded the motion to eliminate the trainee appraiser licensure. The motion passed unanimously.

Medical Licensing Board

Recommendation: Adjust the establishment of a quorum – lower threshold.

Col. Wilson stated that if the state is going to regulate people, it should be done in the least burdensome way. If the quorum is lowered, you get what is called the Mussolini effect. Col. Wilson stated that he thinks it should stay at a majority. Col. Wilson stated that he was philosophically opposed to the idea of lowering the quorum.

Ms. Underwood agreed.

Chair Frye stated that the Medical Licensing Board is very busy and they are trying to maintain a quorum.

Col. Wilson stated that if this is a big problem for the board, he suggested the JCC look at how the board is constructed. If it is so physician heavy that they can't get a quorum, then maybe less physicians is what is needed. Col. Wilson suggested that he was not sure if it would be even legal to change the quorum status.

Ms. Underwood stated that she has never served on a board where the quorum was less than 50%.

Ms. Duncan stated that she is concerned about the idea of lowering the quorum.

Chair Frye asked what the will of the Committee is on this issue.

Col. Wilson stated that it would take the Legislature to change the quorum. He suggested that the JCC either recommend the quorum not be lowered, or that the JCC remain silent on the topic.

Ms. Underwood stated that she thought the JCC should remain silent.

Mr. Habig agreed with Ms. Underwood.

The will of the Committee was to remain silent on the request to lower the quorum level for the Medical Licensing Board.

Recommendation: Room W064 should be equipped with audiovisual technology.

Col. Wilson asked how this recommendation falls into the scope of the JCC.

Chair Frye stated that the recommendation came out of the last JCC meeting. There is a need for a meeting place to be audiovisual equipped, especially for use in training. ISMA inserted this into their testimony. She stated that she has no problem inserting the request into a recommendation for the JCC's consideration. IPLA is currently entertaining estimates on the cost.

Mr. Habig commented that the need to equip the room with audiovisual equipment might be something that is really needed, but would prefer to leave it to other stakeholders (SBA or IDOA) to figure out the best solution.

Col. Wilson stated that he would prefer to remain silent as well.

Chair Frye stated that the suggestion is tied to the licensing fees that the physicians pay. Since physicians are paying, they wanted to see the benefit.

Col. Wilson commented that it was up to IPLA to make the recommendation. He asserted that this was not something the JCC needed to engage in.

The will of committee was to remain silent.

Recommendation: "Valid to practice" status of license; should it be changed?

Darren Covington, IPLA, presented to the JCC on the "Valid to Practice" recommendation. Mr. Covington stated that the phrase, "valid to practice", does not actually exist in the statute. It's all in the context of renewing a license. When the Board gets a renewal application they have a choice: Do we renew or not? There are 4 options: deny, approve, approved and then file a complaint, or refer it to the AG for further investigation. Because there is a requirement that the Board must act on a renewal within 120 days, it is sometimes advantageous to use the "valid to practice" status as a means to make more time for an investigation to be completed.

Col. Wilson stated that one thing that concerned him was the adverse impact on doctors. Their malpractice insurance rates could increase. He stated that punishing the pocketbook and reputation of doctors without proving guilt stands in contradiction with the American legal system. There is no valid reason to have a negative impact on the physician's practice. If the medical Board finds out down the road that there is something wrong, then they should investigate. Col. Wilson thought that if there is an immediate threat the license should be suspended

Mr. Covington stated that the Medical Board may have information on the specifics of a violation, but not enough to decide. It is up to the AG how long the investigation will take. Once completed, the Medical Board can make a decision based on the findings. The issue is further complicated by the fact that when a physician is given the status “valid to practice”, an updated expiration date does not appear on their license, which could alarm insurance companies.

Col. Wilson expressed his dislike of the fact that there seems to be an immediate assumption that a physician is guilty before a fair investigation can take place.

Mr. Habig asked if a physician’s status is available to the public.

Mr. Wright said that such information is accessible to the public.

Ms. Underwood asked if there was a better option.

Mr. Covington suggested that the license could just be updated and then an official complaint could be filed. The “Valid to Practice” status just allowed the Board to deny the renewal without having to go through the long AG process.

Col. Wilson pointed out the fact that a potentially innocent practitioner could have the stigma of an investigations associated with their license. He suggested the need to recommend that the Legislature make a longer period for renewal (180 days).

Mr. Pope explained that when a physician renews their license they file a form. They are then asked some questions. If they answer yes to having a criminal conviction or other items, then IPLA will not renew the license and it will go before the Board. The Board will dispose of those one at a time, based on what they said on the application. There is no investigation ahead of time. They discuss it at the meeting. If they want it to go to the AG’s office, then the license gets recorded as “valid to practice.”

Ms. Duncan asked if a physician can still practice when they have a “Valid to Practice” status.

Mr. Covington explained that the status is not disciplinary. It still allows the physician to practice. The expiration date cannot be updated until the license is renewed.

Col. Wilson explained that the JCC can make a recommendation, but after that is it up to the Legislature. It does have the potential of having an adverse effect on the practitioner. The JCC needs to send a strong message that in Indiana you are innocent until proven guilty.

Ms. Underwood asked if it could increase premiums on malpractice insurance.

Mr. Covington stated that he was not sure of the effect it has on insurance premiums. He said the status has been used for over 30 years. What is communicated is anecdotal and the ones with problems are the ones that complain.

Ms. Underwood stated that a physician could be completely innocent and still pay a price financially.

Col. Wilson asked if it would help the situation if the Legislature allowed the Medical Board to extend the license renewal only for 90 days so an investigation could be completed.

Mr. Pope explained that such an action would only serve to be a red flag to the insurance companies. He instead suggested that the following language could be expressed in statute: the renewal of a medical license and simultaneously filing of a complaint, does not estop the Attorney General from investigating and filing a complaint.

Col. Wilson made a motion based on Allen Pope's suggested language that the Legislature provide that a Board's renewal of a license and the simultaneous filing of an administrative complaint with the Office of the Attorney General does not estop the Board from imposing sanctions on that licensee as a result of an administrative complaint filed by the attorney general subsequent to renewal."

Mr. Wright asked what the earliest one can renew their license.

Mr. Covington stated that it is sent out 105 days in advance.

Mr. Habig seconded the motion. The JCC voted unanimously to adopt Col. Wilson's motion.

Board of Veterinary Medical Examiners

Recommendation: Removal of Professional Corporation registration requirement

Chair Frye asked if it is necessary to require this in addition to registering with the Secretary of State's office. She noted that according to agency records, no Professional Corporation registration has ever been revoked, and that IPLA has no role in compliance of PC registration.

Col. Wilson stated that this is classic one to make go away.

Mr. Wright agreed that it doesn't make sense for PLA to register PCs when it does not register LLCs or other corporations.

Mr. Habig agreed as well.

Col. Wilson made a motion to eliminate the requirement for PC registration requirement for a veterinary corporation. Mr. Habig seconded and the motion passed unanimously.

Recommendations: Board Structure Changes

Chair Frye asked if the Committee was satisfied with the current Veterinary Board structure, (5 Vets, Vet Tech and consumer member) or whether the vet tech position on the board should be replaced with another vet as recommended by the association.

Ms. Duncan, Col. Wilson and Mr. Wright asked why this recommendation was made.

Mr. Fox stated that this recommendation was made because the current structure of the board is believed to shrink the pool of eligible board members.

Mr. Pope stated that if the vet technician's place on the board was replaced, vet technicians as a whole would no longer be represented.

Col. Wilson stated that he liked having someone represent the vet techs. He expressed that he believed that vet techs should have a voice. He suggested that the JCC leave the board the way it is.

Ms. Duncan agreed with Col. Wilson's statement.

Jason Johnson, Corydon group, explained that he did not remember the Veterinary Board making such a recommendation. He apologized if there was miscommunication, but the board's recommendation was for the removal of the requirement that board members be chosen from stipulated congressional districts. The board would still be composed of vets and vet techs from geographically diverse parts of the states, but requiring districts limits the number of people that can be appointed.

Col. Wilson asked if there are nine congressional districts.

Mr. Johnson stated that the statute is old and may not even correspond with congressional districts. The recommendation was to remove the geographic boundaries.

Col. Wilson made a motion for the Legislature to consider removing the geographic boundaries.

Col. Wilson stated that it would be a best to remove the geographical restriction and allow for an equal number of small and large animal vets to have representation.

Col. Wilson asked Mr. Johnson what his opinion would be on removing geographic districts and replacing it with language that would limit the numbers of board members from Marion County. Col. Wilson also asked about whether or not they should include a recommendation about a requirement that would allow a fair number of different types of vets to be on the board.

Mr. Johnson stated that he could not speak for the association, but stated that the proposed motion sounded amenable.

Col. Wilson moved that the JCC recommend the removal of geographical restrictions, and ask for the Legislature to impose some kind of requirement about diversity of practice on the board.

Ms. Duncan seconded the motion. The motion passed unanimously.

Chair Frye asked whether the committee was satisfied with keeping board under IPLA; or would it recommend moving it under State Board of Animal Health (BOAH) as recommended by the association? She noted that Mr. Marsh, BOAH Commissioner, stated in August of 2015 that he "believes that since it has been with BOAH in the past, with the proper resources, it could be effective."

Col. Wilson asked how this recommendation is any different from the earlier discussion about PLA versus another entity.

Mr. Habig stated that he thinks this is a similar situation. The missions of agencies are different. There has to be a distinction between animal health issues and professional licensing.

Col. Wilson asked if PLA has a recommendation.

Chair Frye stated that PLA has no formal position.

Col. Wilson asked that if the JCC took no action on a similar issue, do they have to be careful about precedent.

Mr. Pope stated that the JCC does not have to worry about precedent. The JCC should make recommendations based on each individual circumstance.

Chair Frye stated that past minutes reflect that Mr. Marsh indicated that BOAH had overseen it in the past and could make that change.

Mr. Johnson stated that the parties he represents are neutral on this topic.

Col. Wilson recommend that no action be taken.

Mr. Habig stated that he did not have a recommendation either. He did state that he would like to know what resources would be needed to move the board to BOAH.

VI. CONCLUDING DISCUSSION BY THE COMMITTEE

The Committee took a 5 minute break.

Upon reconvening, Chair Frye explained to the Committee that they needed to discuss the “valid to practice” recommendation. She stated that the JCC’s recommendation should be agency wide, since other boards use the “valid to practice” designation. She asked if it would be the will of the Committee that the recommendation include all professions across the agency.

Col. Wilson stated that he thought the JCC could only make recommendations about professions the Committee has heard testimony from.

Mr. Fox stated that the JCC has the statutory authority to recommend administrative changes in addition to legislative changes, so even if an administrative change is recommended in relation to a particular profession, it may impact all licenses administered by IPLA.

Col. Wilson stated that he would be happy to make a motion to explore the “valid to practice” issue for all of the professions the JCC has heard from to date, and then in the future make more recommendations. He mentioned the he wanted to make sure the Committee was staying true to its charter.

Mr. Habig offered another possibility the JCC could consider. He stated the JCC has heard anecdotal evidence that the “valid to practice” status is impacting malpractice insurance rates. He suggested that it might be better for the Legislature to examine what kind of impact this is having on doctors.

Col. Wilson disagreed and stated that he would prefer the Legislature know that the JCC has had testimony on this issue.

Chair Frye stated that the statute that created the JCC allows for additional recommendations to be included in the JCC’s report. The Committee does have discretion in this matter.

Mr. Pope stated, based on his experience, doctors are the only ones that have raised an issue, so it is doubtful the Committee will hear from other professions about this same issue. The doctors have raised an issue because the insurance oversight is more burdensome for them.

Chair Frye stated that administratively, the best way would be for the JCC to establish a method to deal with the “valid to practice” issue across the board.

Col. Wilson asked if that would require an act of the Legislature.

Chair Frye stated that it depended on how the committee made the recommendation.

Col. Wilson stated that he thought it should be fair across the professions.

Mr. Pope said he would be okay to leave the “valid to practice” issue in context of the Medical Board, but examine it in future boards.

Col. Wilson stated that if the Legislature chooses that the state is not estopped from pursuing discipline after renewal, then it may be good to do it for all boards.

Mr. Pope asked if Col. Wilson wanted to apply the recommendation to all boards.

Col. Wilson stated that was his intent. He offered to make a motion to clarify his recommendation.

Chair Frye asked for the clarification.

Col. Wilson asked for unanimous consent to make a technical correction: the previous motion applies to all trades and profession regulated by the Indiana Professional Licensing Agency.

There were no objections to the motion. The motion passed with unanimous consent.

Chair Frye asked if it is the committee’s wish not to act on the specific licenses not discussed today. Any licenses that the committee does not make a recommendation on needs a vote to keep it.

Col. Wilson stated that he wanted to make sure the committee can come back to the pharmacy technician in training and technician license after this.

Chair Frye asked if Col. Wilson was indicating that he would like to table the pharmacy tech and pharmacy tech in training for now.

Col. Wilson stated yes.

Chair Frye listed out professions that were discussed. Those that were tabled or had preliminary recommendations will not be included in the list.

Physician
Osteopathic Physician
Medical Residency Permit
Genetic Counselor
Medical Teaching Permit
Anesthesiologist Assistant
CSR-Physician
CSR-Osteopathic Physician

Temporary MD Permit
Temporary DO Permit
Temporary Genetic Counselor Permit
Limited Scope MD

Health Facility Administrator
Residential Care Administrator
HFA Provisional
HFA Temporary Permit

Veterinarian
Registered Vet Tech
CSR-Veterinarian

Pharmacist
Wholesale Drug Distributor
Pharmacy
CSR
Non-Resident Pharmacy
Home Medical Equipment Service Provider
CSR-Pharmacy

Licensed Residential Appraiser
Certified Residential Appraiser
Certified General Appraiser
Appraiser Temporary Permit

Real Estate Broker
Real Estate Associate Broker
Real Estate Sales Person

If no action was recommended and the license was not tabled for further discussion, the Committee must make a motion in order to keep it.

Col. Wilson offered a motion to keep the licenses en masse. Ms. Duncan seconded the motion. The Committee unanimously passed the motion.

Col. Wilson offered a motion to look at training and instructor licenses across all trades and professions regulated by the Indiana Professional Licensing Agency on a case-by-case basis.

Mr. Wright seconded the motion. The Committee passed the motion unanimously.

The Committee established that the next meeting would take place on July 21, 2016.

Chair Frye asked that the Committee has interest in reviewing professional corporations (PC) licenses.

Mr. Wright offered a motion to review PC licenses. Col. Wilson seconded the motion. The Committee unanimously passed the motion.

Mr. Covington stated that he had one more issue when it comes to medical licenses. He stated that the board has a post-grad training permit and a fellowship permit. Both the residency and fellowship programs are considered post-graduate medical training, both of which require the post-grad training permit. The statute allows for a fellowship permit, which is not the permit required for the traditional fellowship. The fellowship permit is for foreign graduates who do not have a degree certified by the ECFMG. The fellowship permit allows those that fall under this category the ability to have a residency in Indiana.

Col. Wilson asked if individuals have to have a permit in order go through post-grad training. Col. Wilson stated that everything should just be consolidated under one title to make the fellowship permit obsolete.

Mr. Covington stated that historically the board had preceptorships. Preceptorships allowed a foreign graduate to come work under a doctor in Indiana. In 2003 it was abolished. Currently, graduates that do not have an ECFMG certificate to say their education is equivalent must apply for a fellowship permit. Individuals that have graduated from such schools cannot perform rotations outside of their residency program unless they have a fellowship permit.

Col. Wilson asked Mr. Covington if he just wanted the name changed - a foreign graduate practice permit.

Mr. Covington explained that Col. Wilson's proposed name change would also create confusion because the fellowship permit is only for those who do not have an ECFMG.

Mr. Habig suggested that the JCC could just recommend for the name to be changed.

Col. Wilson asked why everybody should not just be required to have an ECFMG when they come to Indiana.

Mr. Covington responded by saying that many may have the qualifications without the ECFMG. They are competent enough to practice, they just need a permit.

Mr. Covington also noted that the phrasing of the code talks about physicians and osteopaths, but in the fellowship definition it only says the "practice of medicine." Mr. Covington believed this to be an oversight. It should say physician and osteopathic medicine. Mr. Covington asked to change the name of the fellowship permit and to update the language in the code.

Mr. Habig offered a motion to recommend the Legislature change the name of the fellowship permit and also add osteopathic medicine to the definition of the fellowship. Col. Wilson seconded the motion and it passed unanimously.

Mr. Covington asked the Committee's permission to discuss one more thing. He said that many years ago the state administered its own medical exam. If an individual took the state exam and were waiting for the results, they could receive a permit to practice under a licensed physician. The exam and licenses are no longer used because of the national test. Mr. Covington asked the JCC to recommend removing the state exam language from the statute.

Col. Wilson offered a motion to allow a PLA staff the latitude to make technical and grammatical corrections to the motions and deliberations when filing the draft report, allowing for technical corrections for preparation of the draft report.

The JCC gave unanimous consent to adopt the motion to change the technical correction Mr. Covington suggested and unanimous consent to adopt Col. Wilson's motion to allow PLA staff to make technical and grammatical corrections.

Col. Wilson asked if the JCC would be able to look at the report before the July meeting. He also asked about the status of his capital fund report.

Chair Frye stated that the capital fund report will be provided to all members so they can look at it before the next meeting.

The JCC heard testimony pursuant to IC 25-1-16-9 on the licensure of pharmaceutical professions in Indiana, adoption of an electronic meeting policy, and made preliminary recommendations for Health Facility Administrators, the Veterinary Board, the Real Estate Commission, the Real Estate Appraiser Board, and the Medical Board.

VII. ADJOURNMENT

Mr. Wright offered a motion for adjournment. Col. Wilson seconded the motion and it passed unanimously. The JCC was adjourned at 4:25 p.m.

NEXT SCHEDULED MEETING

The next scheduled meeting is for July 21st.